

**Victoria Baum**  
**The Relationship Changer**  
**LMHC, LCPC, DCC**  
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Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender: M / F Marital status: S M W D

*Please, check the each box below to indicate it is okay to contact you by these means.*

Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Email Address: \_\_\_\_\_  Home phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  Work phone #: \_\_\_\_\_

.....  
Other Treatment Providers: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
.....  
Current medications/dosage: \_\_\_\_\_

Allergies/ significant health issues: \_\_\_\_\_

.....  
Emergency contact name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Notes or Other Important Information needed by Victoria Baum, LMHC, LCPC, DCC: